STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964874	**02/15/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1416 COUNTRY CLUB BLVD** **CAPE CORAL, FL 33990**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Services survey was conducted on at Brookdale Cape Coral, an Assisted Living Facility (license #9358) in Cape Coral, Florida.

The following is description of the deficiency.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to provide an Annual Freedom from Statement for 2 (Staff A and C) of 3 staff files reviewed.

The findings included:

1. On , a review of 3 staff personnel files revealed there was no annual Freedom from statement in 2 (Staff A, hire date and Staff C, hire date) of the staff files.

2. During an interview on at 2:15 p.m., the Health and Wellness Director said, "We will get them done tomorrow."

Class III